A&F reports more carefully or frequently that the specialists. **CONCLUSIONS:** Physicians believed that revising the feedback report's format and content could increase its effectiveness. Taking physicians' opinions into consideration, the researcher concludes that A&F forms have some shortcomings, e.g. the reports do not cover all prescriptions of physicians, do not take into account the patients case-mix, and might be limited via comparing physicians with non-comparable peers. Appropriately designed PEMs might be an effective strategy to improve prescribing, and their use should be widened.

PHP235
TRENDS IN HOSPITAL STANDARDIZED MORTALITY RATIOS IN JAPAN
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OBJECTIVES: The hospital standardized mortality ratio (HSMR) is an indicator that adjusts hospital mortality for case-mix differences. HSMR is controversial, but used as a hospital performance measure. However, trends for the ratio (especially according to degree of severity) have not yet been well analyzed. **METHODS:** A total of 3 647 693 admissions from 266 hospitals were extracted from a Japanese administrative database (patients between 2008 and 2012, from July to December). We estimated the probability of in-hospital death by fitting a logistic regression model. In each year, HSMRs were obtained by calculating the ratio of the number of observed deaths to the number of expected deaths, and the trend of the HSMR was analyzed. The HSMR trends in each comorbidity group, defined by the Charlson comorbidity index, were analyzed as well. **RESULTS:** The c-index value was 0.871 for the HSMR model, and its value each year was stable and fairly high (lowest c-index 0.866 and highest c-index 0.877). The HSMR followed a constant decreasing trend over time; it fell by 18.7% from 110.4 in 2008 to 91.7 in 2012. The reduction in HSMR was not present in the severe comorbidity group, while the decreasing trend was observed in the mild comorbidity group. **CONCLUSIONS:** Our model demonstrated excellent discrimination without detailed clinical data, enabling us to analyze HSMR trends. The downtrend of the HSMR may be partly because of improvements in quality of care, changes in hospital behavours based on policy inducement, and other factors. Given the challenges in assessing quality of hospital care, more effort is needed to achieve appropriate evaluation of hospital performance.

PHP236
SURVEY OF THE HUNGARIAN PHYSIOTHERAPISTS' MIGRATION AND CAREER CHANGING BEHAVIOUR
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OBJECTIVES: An increasing motivation can be experienced among professional workers within Hungarian healthcare system towards foreign employment or career change. Our goal was to assess Hungarian physiotherapists' migration and career changing behaviour and understand the underlying factors. **METHODS:** We made a national survey in Hungary during a period of five months (from April to August, 2014). The questionnaire was sent to the members of the Hungarian Physiotherapists' Association, attached to the monthly newsletter in online form. We received 215 reply out of the sent 340 questionnaire, the response rate was 63.23 %. For data collection the Effort-Reward Imbalance validated questionnaire and our own questionnaire were used in online form. Only physiotherapists who practice in Hungary were included. The data were analyzed by SPSS 20.0 statistics software. The significance limit was $p<0.05$. **RESULTS:** Our results suggest that age ($p<0.05$) and the rate of financial appreciation experienced in the workplace ($p<0.01$) significantly affects the appearance of migratory thoughts. Those physiotherapists who do not feel themselves financially appreciated 55 times more likely to search for employment outside the country's borders [OR=55.28, CI (95%)=18.85 to 161.12]. 50,6% of the subjects involved in the study are considering to leave the physiotherapist career (n=109), the most common causes for that are unfavourable financial-and moral recognition and the lack of possibilities career advancement ($p<0.01$), ($p<0.001$), ($p<0.001$). **CONCLUSIONS:** In order to prevent our already highly-qualified colleagues from leaving the country or from considering to leave the profession we should concentrate on increasing the financial and moral appreciation of the profession within the Hungarian healthcare system and also to provide better opportunities for career advancement.

PHP237
GENDER DIFFERENCES IN PHYSICAL ACTIVITY OF HUNGARIAN ADULTS: AN OBSERVATORY SURVEY
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OBJECTIVES: Low energy balance is the consequence of decrease physical activity (PA), sedentary lifestyle, and inappropriate dietary habits in modern societies, while the most important indicator of energy transmission is PA. Several research point out the gender-related differences in PA where data on women are worse: they do sports less and choose less physical activity in their free-time than men. The aim of our research was to map the Hungarian adult's vigorous physical activity examining gender differences. **METHODS:** Data were collected in Summer 2014. The representative (by age & gender) sample consisted of 1059 adults. The research was carried out in two Hungarian counties, Baranya and Zala. We developed a tablet-based survey to examine PA. Using the IPAQ long questionnaire, we examined nutrition habits by the Food Frequency Questionnaire; and gathered anthropometric data with body composition monitors. Data analysis was carried out by SPSS 22.0 for Windows. **RESULTS:** The sample size of adult participants was 1059 (female(F)=53.1%, male(M)=46.9%), their mean age was 48±17.54 years. The self-rated health index of the low PA group of the adults is significantly lower than medium of high PA groups, especially for women ($p=0,024$). We found significant difference between the vigorous physical activity (VPA) carried out by men and women as on average men carry out 37.73 minutes more VPA compared to women (meanF=77.97, meanM=40.24 min/week, $p<0.001$). According to the age groups the VPA level of women after the age of 40 showed stability on a lower level while the reduction of VPA of men is continuous until the age of 60 when gender gap of VPA disappears ($p<0.001$). **CONCLUSIONS:** Regarding gender differences, women were less active than men in PA, carrying out significantly less vigorous PA. The results of the observational research confirmed the need for a well-aimed intervention to emphasize PA among women.

PHP238
TAILORING SPONSOR-PAYER ENGAGEMENT TO FACILITATE EFFECTIVE AND FAIR PATIENT ACCESS
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OBJECTIVES: To understand how best to facilitate effective, early dialogue between pharma and payers by determining payer needs and drivers, facilitating sponsor alignment of market access strategies to meet those needs, and ultimately ensuring patient access to innovative and effective treatments. **METHODS:** Questionnaires were sent to 5 pharmaceutical companies to determine their payer engagement strategies, whilst individual interviews were conducted with 5 payer proxies (Spain, Italy, France, UK, Germany) to gather their feedback on current payer engagement practices and suggestions for future working practices with pharma. A decision tree was then constructed to provide a framework detailing the optimal engagement format for specific time points in the product lifecycle, which was subsequently verified by all participants to substantiate its utility in meeting the needs of both parties. **RESULTS:** Sponsors favoured face-to-face 'advisory board' meetings for payer engagement, whilst payer interviewees cited a neutral reaction towards this type of engagement, preferring more dynamic engagement activities closely tailored to both the individual issue at hand and their own objectives. Additional payer emphasis was placed on the need for early engagement and incorporation of key variables into clinical trial outcomes. Finally, feedback from both samples suggested an 'advisory board' structure for engagement is not always efficient or effective, prompting us to develop a framework detailing alternative engagement options aligned to key research questions. Both groups responded positively to the model: sponsors citing efficiency and payers an appreciation of the range of ways sponsors were prepared to engage. However, some payers cited a hesitancy toward more virtual methods and their ability to facilitate effective two-way dialogue. **CONCLUSIONS:** Payers are open to and supportive of alternative modes of engagement with sponsors to promote more effective, early collaboration whereby each parties' needs, drivers and constraints can be understood to ultimately ensure mutual benefit and fair and appropriate patient access.

PHP239
EXAMINATION OF THE EFFECT OF CLINICAL PRACTICES AMONG NURSING STUDENTS
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OBJECTIVES: Stress appears during the nursing education, that may have negative effect on their performance at school and their psychologocal and physical well-being. The aim of the present study was to investigate the clinical practice due to effects based on the mood and physiological parameters among the first students starting their clinical practice and the exercise several times, moving students in a clinical setting. **METHODS:** ABPM device in systolic and diastolic blood pressure, heart rate and mean arterial blood pressure. In the present pilot study also measured through 9 days of 30 -minute measurements, the first day of the adaptation period. 23 people II. and III. years of nursing students participated voluntarily in the study. Each student filled out a questionnaire compiled for which demographic data scheme, consumer protection, health assess exercise asked for it. The mood of the Brunel Mood Scale was used to assess which 32 questions, in which the negative value means a better mood. An analysis of variance, Student's t test, Mann-Withny test was IBM SPSS 20.0 program ($p<0,05$). Students averaged daily parameters was carried out calculations. **RESULTS:** The results show that each of the II. group ($p<0,05$), and III. group ($p=0,041$) between test days was just the mood worth experiencing significant difference with regard to the physiological parameters that did not materialize.Testing two-sample t-test we looked for significant differences in the II. grade average value and III. the annual average values. Only significant differences were obtained for heart rate ($p=0,05$). **CONCLUSIONS:** In case of this sample physiological parameters does not fully reflect the mood changes during clinical practice. Further, at least 30 days (one month) follow-up studies and the increase of the number of elements are needed to show the physical changes in stress and physiological parameters between groups.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

PHP240
ARE MEDICINES GRANTED WITH A CONDITIONAL APPROVAL BY THE EUROPEAN MEDICINES AGENCY GAINING POSITIVE ASSESSMENT BY PAYERS IN FRANCE, GERMANY AND THE UNITED KINGDOM?
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OBJECTIVES: In 2004, the European Medicines Agency (EMA) was granted the ability to authorise medicines under a conditional approval (CA) status.1 This status aims at accelerating patients' access to medicines when they are intended for use in seriously debilitating and/or life-threatening diseases, in response to public health threats, or designated as orphan medicines, despite incomplete data. These medicines must be evaluated by Health Technology Assessment (HTA) bodies before being